**EMPLOYER’s Final Evaluation**

It is requested that the supervisor of the intern complete this form, review it with the intern, and submit the completed form to the Internship Coordinator by the 15th week of the semester.

Intern’s Name Type of Internship

Business/Organization Address

Supervisor’s Name

Supervisor’s Rank/Title Phone Number

Total hours worked by intern Number of Absences

Intern’s goals and list of duties:

**Work attitude**

 Excellent Above Average Average Fair Poor

**Ability to take directions**

 Excellent Above Average Average Fair Poor

**Ability to work with supervisors**

 Excellent Above Average Average Fair Poor

**Quality of Intern’s work**

 Excellent Above Average Average Fair Poor

**Dependability**

 Excellent Above Average Average Fair Poor

**Punctuality**

 Excellent Above Average Average Fair Poor

What do you consider the intern’s most significant strengths?

How could the intern improve?

Theoretically if you had a position available to a person with this intern’s background, would you hire this intern? Why or why not?

What letter grade do you think the intern should receive? **A B C D F**

Would you be interested in having another intern with your company/organization? Yes No

If yes, please indicate any changes/adjustments you would like to see to the internship program.

**Supervisor: Date:**

**Student: Date:**